



# KEYS Drop / Add Form

Student Name: \_\_\_\_\_

Class \_\_\_\_\_ Teacher: \_\_\_\_\_

Semester & Year: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Reason for dropping/adding: \_\_\_\_\_

\_\_\_\_\_

- I understand that I am responsible for the entire semester's tuition if I drop a class after the semester begins.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KEYS Representative accepting form

\_\_\_\_\_  
Date

Please return this completed form to the office or send a PDF copy to [mcollin@keysofaz.com](mailto:mcollin@keysofaz.com).